Preconference Form

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Medical Diagnosis/Disease: osteoarthritis/THA

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation

Anatomy and Physiology

Normal Structures

see attached

Pathophysiology of Disease

gradual loss of articular cartilage with formation of bony outgrowths at the joint margins. can be caused by a known event or condition that directly damages cartilage or causes joint instability. other causes can include decreased estrogen at menopause, obesity contributes to knee and hip, anterior cruciate ligament injury from quick stops in sports increase risk for knee. genetic, metabolic, and local factors interact to cause cartilage deterioration from damage at level on chondrocytes. the normally smooth white translucent articular cartilage becomes dull, yellow and granular as OA progresses. affected cartilage becomes soft and less elastic. the body attempts to repair the cartilage cannot keep up with destruction of OA. as the collagen structure in the cartilage changes, articular surfaces become cracked and worn. as the central cartilage becomes thinner, cartilage at the joint edges becomes thicker and osteophytes form. joint surfaces then become uneven and affect the distribution of stress across the joint and cause reduced motion. synovitis may occur when phagocytes try to rid the joint of small pieces of cartilage torn from the joint surface. these kinds of changes cause the early pain and stiffness, whereas later in the disease pain comes from bony joint surfaces rubbing

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

CBC, Uric acid, Liver/renal function test (baseline and to follow up on) ESR (erythrocyte sedimentation rate) for levels of inflammation

Additional Diagnostics

joint fluid analysis, bone scan, MRI, CT, xray

NCLEX II *(3)*: Health Promotion and Maintenance

Contributing Risk Factors

obesity, tobacco use, drug use, skeletal deformities, trauma, joint instability, age, post menopausal, weight bearing, hormonal influences, minerals

Signs and Symptoms

joint pain, early morning stiffness, low legged, joint swelling, crepitus, Limited ROM, joint instability, effusion

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

heat therapy, PT, low impact exercise, weight loss, assistive devices

Surgical

osteotomy, arthroscopy, joint replacement, cartilage procedure

Prevention of Complications

(What are some potential complications associated with this disease process)

obesity, diabetes, CHF, osteoporosis

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Anticipated Medication Management

cortisone injections, NSAIDs, analgesics, opioids, topical medications, capsaicin cream

NCLEX IV *(5)*: Basic Care and Comfort

Non-Pharmacologic Care Measures

ambulatory care, health promotion, head and cold applications, nutrition therapy, exercise, rest and joint protection

NCLEX III *(4)*: Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

difficulty coping with weight loss or joint replacement, difficulty planning when to have surgery, lifestyle changes, anxiety

Client/Family Education

List 3 potential teaching topics/areas

- take any analgesics before exercise to get ahead of pain or discomfort
- weight loss groups or coping strategies for those having to have a replacement
- smoking cessation

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

orthopedic specialist
nurse
caregivers
patient
CNA
case management
at home health care team